

UNITED STATES DISTRICT COURT
for the
Northern District of Ohio

BRITTANY WATTS)
)
)
)
<i>Plaintiff(s)</i>)
v.)
BON SECOURS MERCY HEALTH; MERCY HEALTH)
YOUNGSTOWN LLC D/B/A ST. JOSEPH WARREN HOSPITAL;)
CONNIE MOSCHELL; JORDAN CARRINO; PARISA KHAVARI;)
CITY OF WARREN, OHIO; NICHOLAS CARNEY; UNKNOWN)
MEDICAL PROFESSIONALS,)
<i>Defendant(s)</i>)

Civil Action No. 4:25-cv-00049

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* BON SECOURS MERCY HEALTH
1701 Mercy Health Place
Cincinnati, OH 45237

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Jonathan Loevy
Loevy + Loevy
311 N. Aberdeen St., 3rd Floor
Chicago, IL 60607

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

SANDY OPACICH, CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

Civil Action No. 4:25-cv-00049

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* _____
was received by me on *(date)* _____.

I personally served the summons on the individual at *(place)* _____
on *(date)* _____; or

I left the summons at the individual's residence or usual place of abode with *(name)* _____
, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
on *(date)* _____; or

I returned the summons unexecuted because _____; or

Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 _____.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc:

UNITED STATES DISTRICT COURT
for the
Northern District of Ohio

BRITTANY WATTS)
)
)
)
<hr/> <i>Plaintiff(s)</i>)
v.)
BON SECOURS MERCY HEALTH; MERCY HEALTH)
YOUNGSTOWN LLC D/B/A ST. JOSEPH WARREN HOSPITAL;)
CONNIE MOSCHELL; JORDAN CARRINO; PARISA KHAVARI;)
CITY OF WARREN, OHIO; NICHOLAS CARNEY; UNKNOWN)
MEDICAL PROFESSIONALS,)
<hr/> <i>Defendant(s)</i>)

Civil Action No. 4:25-cv-00049

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* MERCY HEALTH YOUNGSTOWN LLC
D/B/A ST. JOSEPH WARREN HOSPITAL
044 BELMONT AVENUE
YOUNGSTOWN OH 44501

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Jonathan Loevy
Loevy + Loevy
311 N. Aberdeen St., 3rd Floor
Chicago, IL 60607

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

SANDY OPACICH, CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

Civil Action No. 4:25-cv-00049

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This summons for *(name of individual and title, if any)* _____
was received by me on *(date)* _____.

I personally served the summons on the individual at *(place)* _____
on *(date)* _____; or

I left the summons at the individual's residence or usual place of abode with *(name)* _____
, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
on *(date)* _____; or

I returned the summons unexecuted because _____; or

Other *(specify)*:

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 _____.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc:

UNITED STATES DISTRICT COURT
for the
Northern District of Ohio

BRITTANY WATTS)
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<hr/> <i>Plaintiff(s)</i>)
v.)
BON SECOURS MERCY HEALTH; MERCY HEALTH)
YOUNGSTOWN LLC D/B/A ST. JOSEPH WARREN HOSPITAL;)
CONNIE MOSCHELL; JORDAN CARRINO; PARISA KHAVARI;)
CITY OF WARREN, OHIO; NICHOLAS CARNEY; UNKNOWN)
MEDICAL PROFESSIONALS,)
<hr/> <i>Defendant(s)</i>)

Civil Action No. 4:25-cv-00049

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* CONNIE MOSCHELL
5092 HAYES RD
DORSET, OH 44032

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Jonathan Loevy
Loevy + Loevy
311 N. Aberdeen St., 3rd Floor
Chicago, IL 60607

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

SANDY OPACICH, CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

Civil Action No. 4:25-cv-00049

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* _____
was received by me on *(date)* _____.

I personally served the summons on the individual at *(place)* _____
on *(date)* _____; or

I left the summons at the individual's residence or usual place of abode with *(name)* _____
, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
on *(date)* _____; or

I returned the summons unexecuted because _____; or

Other *(specify)*:

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 _____.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc:

UNITED STATES DISTRICT COURT
for the
Northern District of Ohio

BRITTANY WATTS)
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<hr/> <i>Plaintiff(s)</i>)
v.)
BON SECOURS MERCY HEALTH; MERCY HEALTH)
YOUNGSTOWN LLC D/B/A ST. JOSEPH WARREN HOSPITAL;)
CONNIE MOSCHELL; JORDAN CARRINO; PARISA KHAVARI;)
CITY OF WARREN, OHIO; NICHOLAS CARNEY; UNKNOWN)
MEDICAL PROFESSIONALS,)
<hr/> <i>Defendant(s)</i>)

Civil Action No. 4:25-cv-00049

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* JORDAN CARRINO
342 PERKINSWOOD BLVD NE
WARREN, OH 44483

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Jonathan Loevy

Loevy + Loevy
311 N. Aberdeen St., 3rd Floor
Chicago, IL 60607

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

SANDY OPACICH, CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

Civil Action No. 4:25-cv-00049

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* _____
was received by me on *(date)* _____.

I personally served the summons on the individual at *(place)* _____
on *(date)* _____; or

I left the summons at the individual's residence or usual place of abode with *(name)* _____
, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
on *(date)* _____; or

I returned the summons unexecuted because _____; or

Other *(specify)*:

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 _____.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc:

UNITED STATES DISTRICT COURT
for the
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BRITTANY WATTS)
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BON SECOURS MERCY HEALTH; MERCY HEALTH)
YOUNGSTOWN LLC D/B/A ST. JOSEPH WARREN HOSPITAL;)
CONNIE MOSCHELL; JORDAN CARRINO; PARISA KHAVARI;)
CITY OF WARREN, OHIO; NICHOLAS CARNEY; UNKNOWN)
MEDICAL PROFESSIONALS,)
<i>Defendant(s)</i>)

Civil Action No. 4:25-cv-00049

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* PARISA KHAVARI
1227 E Market St.
Warren, OH 44483

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Jonathan Loevy
Loevy + Loevy
311 N. Aberdeen St., 3rd Floor
Chicago, IL 60607

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

SANDY OPACICH, CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

Civil Action No. 4:25-cv-00049

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This summons for *(name of individual and title, if any)* _____
was received by me on *(date)* _____.

I personally served the summons on the individual at *(place)* _____
on *(date)* _____; or

I left the summons at the individual's residence or usual place of abode with *(name)* _____
, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
on *(date)* _____; or

I returned the summons unexecuted because _____; or

Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 _____.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc:

UNITED STATES DISTRICT COURT
for the
Northern District of Ohio

BRITTANY WATTS)
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BON SECOURS MERCY HEALTH; MERCY HEALTH)
YOUNGSTOWN LLC D/B/A ST. JOSEPH WARREN HOSPITAL;)
CONNIE MOSCHELL; JORDAN CARRINO; PARISA KHAVARI;)
CITY OF WARREN, OHIO; NICHOLAS CARNEY; UNKNOWN)
MEDICAL PROFESSIONALS,)
<i>Defendant(s)</i>)

Civil Action No. 4:25-cv-00049

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* CITY OF WARREN, OHIO
391 Mahoning Avenue N.W.
Warren, OH 44483

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Jonathan Loevy
Loevy + Loevy
311 N. Aberdeen St., 3rd Floor
Chicago, IL 60607

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

SANDY OPACICH, CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

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on *(date)* _____; or

I left the summons at the individual's residence or usual place of abode with *(name)* _____
, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
on *(date)* _____; or

I returned the summons unexecuted because _____; or

Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 _____.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc:

UNITED STATES DISTRICT COURT
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BRITTANY WATTS)
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BON SECOURS MERCY HEALTH; MERCY HEALTH)
YOUNGSTOWN LLC D/B/A ST. JOSEPH WARREN HOSPITAL;)
CONNIE MOSCHELL; JORDAN CARRINO; PARISA KHAVARI;)
CITY OF WARREN, OHIO; NICHOLAS CARNEY; UNKNOWN)
MEDICAL PROFESSIONALS,)
<i>Defendant(s)</i>)

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* NICHOLAS CARNEY
141 South Street S.E.
Warren, OH 44483

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Jonathan Loevy
Loevy + Loevy
311 N. Aberdeen St., 3rd Floor
Chicago, IL 60607

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

SANDY OPACICH, CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

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I left the summons at the individual's residence or usual place of abode with *(name)* _____
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on *(date)* _____, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
on *(date)* _____; or

I returned the summons unexecuted because _____; or

Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 _____.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc: